# **Head of Household Information**



This page allows you to enter information about the person who is the Head of Household. Please enter the information below and press "Next" to continue. You may click "Cancel" to exit the screening.

Personal Details			
*In which Parish do you live?:		▼	
*What is your first name?:			
*What is your date of birth?:			
*What is your gender?:		_	
	Cancel	Next	

# **Head of Household Details**



Tell us more about yourself. We need to know so we can determine if you or anyone else in your household is eligible for Family Assistance Services. We will keep this information confidential. When you are done, press the "Next" button to continue. You may press the "Cancel" button to exit the screening.

Household Details		
Check this box if you are disabled:		
Check this box if you need Vocational Rehabilitative Services to help you enter employment or keep the job you have:		
Check this box if you need information on child support, either cash or medical:		
What is your current citizenship status?:	US Citizen <b>▼</b>	
Check this box if you are a student:		
If you are a student, when are you graduating?:		<b>(</b> )
How many hours a week do you attend school/training?:		
Check this box if you are pregnant:		
If you are pregnant, when is your due date:		<b>(</b> )
Check this box if you purchase and prepare meals with your other household members:		
Check this box if you have health insurance coverage or medicare:		
Cancel	Next	

# Household Members: Income Support Screening - 50262525 - Lynn



Tell us about who else lives with you. We need to know so we can determine if you or anyone in your household is eligible for Family Assistance Services. We will keep this information confidential. For each person in your household, press the "New Member" button. When you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.



# Household Members: Income Support Screening - 50262525 - Lynn



Tell us about who else lives with you. We need to know so we can determine if you or anyone in your household is eligible for Family Assistance Services. We will keep this information confidential. For each person in your household, press the "New Member" button. When you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.

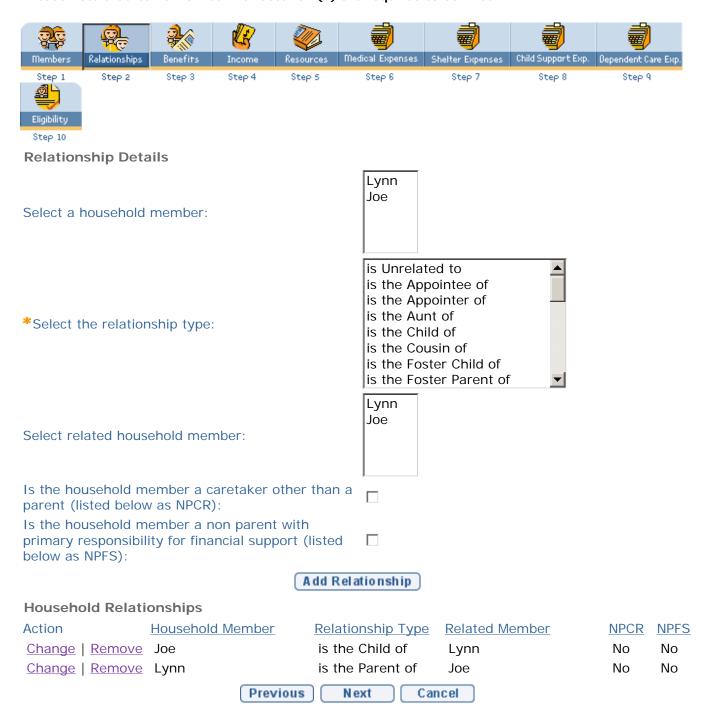


# Household Relationships Income Support Screening - 50262525 - Lynn



Tell us how everyone in your household is related to each other. We will keep this information confidential. Select a person and tell us how they are related to another person in your household. Press the "Add Relationship" button and repeat this process until you have explained how everyone is related to each other in your household.

If you make a mistake you can use the "Change" or "Remove" links. If you need to go back and add someone to your household, press the "Previous" button. When you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit screening.



Household Benefits Page 1 of 1



# Household Benefits



Tell us about any benefits you or anyone else in your household is receiving. We will keep this information confidential. Select a person, tell us the benefits they receive, and then press the "Add Benefit" button. Repeat this process until you have told us about all the benefits received.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press the "Previous" button. If no one in your household is receiving benefits or if you are done, press the "Next" button to continue. You may press the "Cancel" button anytime to exit the screening.



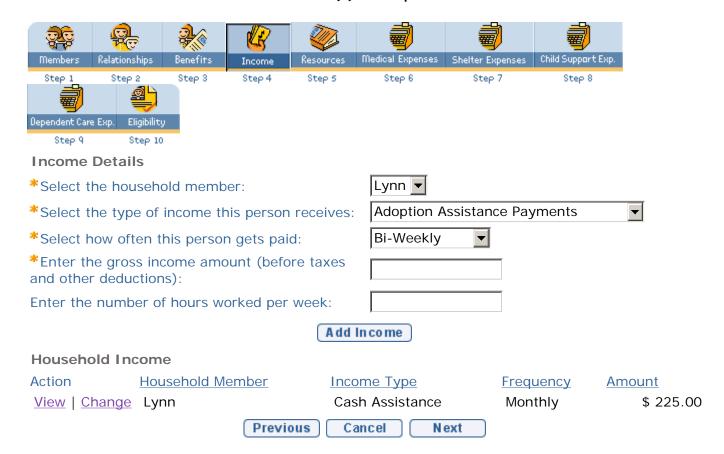


# Household Income: Income Support Screening - 50262525 - Lynn



Tell us about any income you or anyone else in your household is receiving. We will keep this information confidential. Select a person, tell us the income they receive, and then press the "Add Income" button. Repeat this process until you have told us about all the income received.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press "Previous" button. If no one in your household is receiving income or if you are done, press the "Next" button to continue. You may press the "Cancel" button any time to exit the screening.





Household Resources: Income Support Screening - 50262525 - Lynn



Tell us about any resources you or anyone else in your household has. We will keep this information confidential. Select a person, tell us the resource they have, and then press "Add Resource" button. Repeat this process until you have told us about all the resources.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press the "Previous" button. If no one in your household has any resources or if you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.





Household Medical Expenses: Income Support Screening - 50262525 -Lynn



Tell us about any medical expenses you or anyone else in your household has. We will keep this information confidential. Select a person, tell us the medical expense they have, and then press "Add Medical Expense" button. Repeat this process until you have told us about all the medical expenses.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press the "Previous" button. If no one in your household has any medical expenses or if you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.

Please note that items marked with asterisk (\*) are required to be filled in.

Previous



Cancel

Next



Household Shelter Expenses: Income Support Screening - 50262525 -Lynn



Tell us about any shelter expenses you or anyone else in your household has. We will keep this information confidential. Select a person, tell us the shelter expense they have, and then press "Add Shelter Expense" button. Repeat this process until you have told us about all the shelter expenses.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press the "Previous" button. If no one in your household has any shelter expenses or if you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.



# **Household Child Support Obligation** Income Support Screening - 50262525 - Lynn



Tell us about any child support obligation you or anyone else in your household has. We will keep this information confidential. Select a person, tell us the child support expense they have, and then press "Add Child Support Obligation" button. Repeat this process until you have told us about all the child support expenses.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press the "Previous" button. If no one in your household has any child support obligation or if you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.

Please note that items marked with asterisk (\*) are required to be filled in.



Select the child support payment frequency: Bi-Weekly

\*Enter the child support being paid:

Add Child Support Obligation

**Household Child Support Obligation** 

Action Household Member Frequency Amount

Previous Cancel Next



Tell us about any dependent care expenses you or anyone else in your household has. We will keep this information confidential. Select a person, tell us the dependent care expense they have, and then press "Add Dependent Care Expense" button. Repeat this process until you have told us about all the dependent care expenses.

If you make a mistake, you can use the "View" or "Change" links. If you need to go back to an earlier step, press the "Previous" button. If no one in your household has any dependent care expenses or if you are done, press the "Next" button to continue. You may press the "Cancel" button at any time to exit the screening.



Check Eligibility Page 1 of 1

# **Check Eligibility**



If you would like us to check if you or anyone in your household is eligible for Family Assistance Services, press the "Yes" button. If you wish to return to a previous page press the "No" button to cancel and return to the previous screen.

Select Yes to confirm you wish to check the household's eligibility?



Eligibility Results Page 1 of 1

### **Eligibility Results**



This page allows you to see whether you are potentially eligible for Family Assistance Services. You may click on the "View" link to view the details of the potentially eligible or potentially ineligible household members. Click on "Cancel" to exit the screening or click on "Next" to fill out an application for benefits.

Please be aware that the result displayed on this page is only a finding of your potential eligibility for programs provided by DSS. The results are only as reliable as the information you have provided. You have the right to apply for any service whether or not the results listed below show you are potentially eligible for that service. DSS stands ready to assist you in any way possible. If you would like a list of DSS Offices and telephone numbers, please visit

www.dss.state.la.us

The following individuals are potentially eligible for the following programs

 Action
 Program
 Members

 View
 Food Stamps
 Lynn, Joe

 View
 LAMOMS
 Lynn

Individuals in your household may not be potentially eligible for the following programs

Action Program

View Child Care

View KCSP

View LPS

View LRS
View LACHIP

<u>View</u> Medicaid Purchase Plan and Medicare Savings Program

View Cash Assistance

Cancel Next

# **Forward or Request Additional Information**



This page will allow you to send the information you entered to Family Assistance office that can assist you in obtaining food stamps, child care, and cash assistance. If you choose to send this information, it will be held on the computer system for 30 days. You can contact the office within 30 days. The information on how to contact the office and your confirmation number will be provided at the end of this process.

This page will allow you to see additional information on those programs or services reflected below which are not administered by Office of Family Support, Family Assistance offices.

Programs for which you may forward your information to appropiate Family Assistance office

<u>Action</u> <u>Program</u>

Forward Information to DSS office Cash Assistance; Food Stamps; Child Care

Programs for which you may access a link for more information

See Additional Information Medicaid

See Additional Information Vocational Rehabilitation Services

See Additional Information Support Enforcement Services

Cancel